

**UPDATED BILLING GUIDELINES FOR THERAPEUTIC AND EVALUATIVE  
MENTAL HEALTH SERVICES FOR CHILDREN  
(FORMERLY BILLING GUIDELINES FOR COMMUNITY- BASED MENTAL HEALTH SERVICES)  
Effective July 1, 2013**

**Providers must refer to the current CPT and HCPCS codebooks for proper coding.**

<b>Service</b>	<b>2012 Procedure Code</b>	<b>2013 Procedure Code</b>	<b>Payment Rate per Unit</b>	<b>Maximum Units per Day</b>	<b>Allowable Place of Service Codes</b>	<b>Yearly Standard</b>
Psychotherapy	90804 90806 90808 90810 90812 90814	** ** ** ** ** **	** ** ** ** ** **	1 service	03,11,12,22,99	36
Family Therapy	90846 90847	90846 90847	\$64.83 \$77.76	1 service	03,11,12,22,99	24
Assessment	H0031	H0031	\$110.00	1 service	03,11,12,22,99	24
Group Therapy	90853 90857	90853 **	\$ 26.73 **	2 services	03,11,22,99	45
Psychological Evaluation	96101	96101	\$85.68	4 units	03,11,12,22,99	4 units
Developmental Evaluation	96110 96111	96110 96111	\$38.87 \$108.45	1 service	03,11,12,22,99	1 service 2 service
Neuropsychological Evaluation	96118	96118	\$100.00	10 units	03,11,12,22,99	10 units
Day Treatment	H2012	H2012	\$2.00	5 units	03, 11, 22	None
Interactive Complexity	N/A	90785	\$2.94	5 services	03,11,12,22,99	None

Updated 7/1/13

\*\* Effective 1/1/13, please refer to your 2013 CPT Code Book for the appropriate procedure code/s for services provided on or after 1/1/13. Rates for these codes may be found at <https://msmedicaid.acs-inc.com>.

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